

Essential Information on My Guardmember

Some of this information may be easy for you to remember right now, but in an emergency, or if other people needed this information, you will be happy that you took the time to fill out this page.

Name_____

Social Security Number (SSN)_____

Permanent Street Address_____

City, State, Zip Code_____

Home Phone Number_____

Work Phone Number_____

Personal Email Address_____

Work Email Address_____

Blood Type_____

Date/Place of Birth_____

Marital Status: __Single __Married __Divorced __Separated

Date of Marriage_____

Pervious Marriage(s)_____

Date(s) of Divorce_____

Children

Name

Date of Birth

SSN

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Present Military Rank_____

Date of Enlistment/Commission_____

ID Card Number_____

Branch of Service_____

Unit of Assignment_____

Unit Address_____